IDAHO STATE BOARD OF BARBER EXAMINERS

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642 (208) 334-3233

mlondon@ibol.state.id.us

APPLICATION FOR RE-EXAMINATION

Complete this form by providing (please print) the requested information and submit it to the address noted above. The signature of the applicant must be notarized. The completed application together with any required documentation and the fee must be received before you will be scheduled for re-examination. Returned checks are subject to a \$20.00 collection fee.

	I wish to be registered to re-tak	te all or part of the licensi	ure examinati	ion noted below:	(please check	cone)
	[]Barber (\$75.00)	[]Barber Stylist (\$	75.00)	[] Instructor	(\$100.00)	
1.	Full Name (Mr., Mrs., or Ms.)	•				
2.	Mailing address					
	Street		City		State	Zip
3.	Social Security No	Home phone ()	E-mail		
	l applicants failing below seventy-five required to complete additional training				ll subsequent	attempts will
4.	Were you required to obtain any additional instruction? []Yes []No (If yes, a final record of instruction must be received before you will be eligible to sit for re-examination.)					
I h thr inf I h	ease attach a written request for speciet your special needs. A request for entifying your disability and supporting the special policy and that I formation provided on and attached to ereby authorize and direct any persons identified agent any and all information provided on and all information provided agent any and all information.	AFFIDAY med above and that I have a policiation in the need for the accommodation AFFIDAY med above and that I have a policiation is true and a gency, firm, or other e	must be accommodations be /IT we no infection racter and tender accurate to ntity to release	ompanied by curreing requested. ous or contagious mperate habits. of the best of my keep to the Bureau of	ent medical of s disease which I swear or a knowledge an of Occupation	ch may pose a affirm that the ad belief.
dis	sclosures, whether public, privileged at may have bearing on my eligibility	or confidential, that may				
		Signature of app	olicant			
Sta Sul	tte of, County of bscribed and sworn before me this	, ss.	, 20	·		
	(seal)	Notary Public off residing at	icial signature			

my commission expires___